#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2020 12:03
Date Of Accident	22/01/2020 23:15
Exact Location Of Accident	SMITH STREET PUBLIC CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP3705Y
Insured/Policyholder	
Name Of Registered Owner	DAVID PHUN ZHAI WEI
NRIC No	SXXXX561H
Email Address	D.DRUMMERBOY9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93223558
Alternative Phone No	OFFICE-93223558
Vehicle Particulars	
Manufacturer	VESPA
Model	GTS 300 SUPER-278CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108461173
Cover Note Number	
Driver	

Name of Driver DAVID PHUN ZHAI WEI

NRIC No SXXXX561H
Date Of Birth 31/08/1993
Occupation OUTDOOR
Date Of Driving Pass 24/07/2015

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93223558

Fax Number

Contact Number OFFICE-93223558

EMail Address D.DRUMMERBOY9@GMAIL.COM

APT BLK 113 POTONG PASIR AVENUE 1 Address

#13-840 SINGAPORE

Postcode 350113

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

NO

1

YES

NO

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

**ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX** Police Station Address

BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLE3881K

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 28

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

oliorholder's Signature

Date & Time:

Driver's Signature

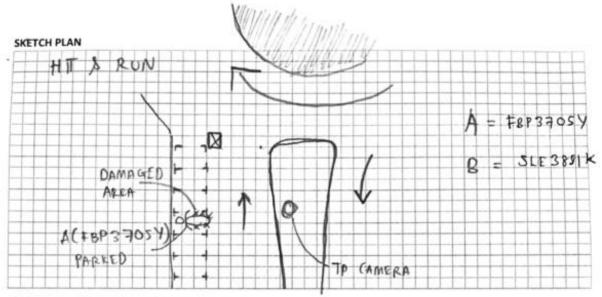
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN N

#### Sketch Plan #2



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER	POLICE	REPORT		
	1			

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Pottcyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.





1 of 3 Report No. T/20200123/2000

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 23/01/2020 00:03 Informant's Particulars Address: Name of Informant: APT BLK 113 POTONG PASIR AVENUE 1 #13-840 DAVID PHUN ZHAI WEI SINGAPORE 350113 Contact No.: ID Type / ID No.: Mobile: 93223558 Home/Office: NRIC NO / S9331561H Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Rider 26 31/08/1993 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A,3 **SWIMMING INSTRUCTOR** 

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/01/2020 23:15	Type of Location:
Location: Along Road 1 SMITH STRE				
Weather: Indoor	TOU DECK & LOUT	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Moving Vehic	sion: sle Against - Parked V	ehicle		Anyone conveyed by ambulance: No

Details of Volume Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
venicie ivo.	Type	IMAKE		PRESIDENT NEWSFILM		_
FBP3705Y	Motorcycle	PIAGGIO	VESPA GTS	White	Slightly	U
	,		SUPER/SUP		Damaged	
			ERSPORT			
			300 E4			

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBP3705Y	NTUC Income Insurance Co-Operative	5108461173	26/03/2019	25/03/2020	
	Limited				





/20200123/2000

Police Station Of Origin: Bukit Merah East N.P.C

Report No. T/20200123/2000

2 of 3

A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

<b>Details of Perso</b>						
Any Pedestrian In	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Rider						
Name	DAVID PHUN ZHAI WEI			ID No.		S9331561H
Related Vehicle	FBP3705Y (Motorcycle)			Conta	ct No.	93223558
Hospital/Clinic	NİL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	1	NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL		-	

#### Brief Details.

I am the rider of FBP3705Y. I parked my motorcycle at Blk 335 Smith St Deck 3, lot 7 at about 1945hrs.

I came back at about 2300hrs to find that my motorcycle was moved to a nearby lot. Upon closer observation, I spotted a note on my motorcycle which is attached to the police report. To summarise, the note stated that a driver with vehicle SLE3881K made an illegal turn in the carpark and hit my motorcycle. The driver then stood my motorcycle up before driving off.

I would like to add that there is a Police Camera near where my motorcycle was parked. I am lodging the report for police assistance to find the driver that hit my motorcycle.





3 of 3

Report No. T/20200123/2000

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 CONTINUATION OF REPORT

Tel No: 1800-2369999

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

11	
Signature Of Officer Recording The Report:	Signature Of Informant:
$A\bar{I}$	
Sgt 2 PANG LIN TONG	
Signature Of Interpreter:	Date/Time:
Not applicable	23/01/2020 00:03
Officer In Charge Of Case:	Classification Of Case:
TP / HRT /	·
Sr Staff Sgt NEO ZHI YUAN	
Contact No.: 65476079	
Oomaac No Se 11-507 5	
Authentication Stamp	
NP168	
Carried and the second	



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Our Ref

: TP/IP/08161/2020

Date

: 15 June 2020

David Phun Zhai Wei Blk 113 Potong Pasir Avenue 1 #13-840 Singapore 350113

Dear Sir / Madam,

# TRAFFIC ACCIDENT INVOLVING FBP3705Y AND <u>SLE3881K</u> ALONG SMITH STREET ON 22/01/2020 AT ABOUT 2315 HRS

I refer to the above accident.

- 1. Please be informed that we have completed our investigations which revealed that the driver of **SLE3881K** had committed the following offences:
  - (i) Careless driving under Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA:
  - (ii) Failing to exchange particulars after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
  - (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276;

Action has been initiated against the driver for the said offences.

- 2. If you have any clarification, you may contact the Investigation Officer, SSS Neo Zhi Yuan at office number: 6547 6079.
- 3. Thank you.

Yours faithfully,

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION





































